

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/889496

FILING DATE

APPLICANT(S)

CLAIMS

| 1 | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 2 | 1 | 1 | 1 | | | |
| 3 | 2 | 2 | 2 | | | |
| 4 | 2 | 2 | 2 | | | |
| 5 | 2 | 2 | 2 | | | |
| 6 | 1 | 1 | 1 | | | |
| 7 | 1 | 1 | 1 | | | |
| 8 | 1 | 1 | 1 | | | |
| 9 | 1 | 1 | 1 | | | |
| 10 | 1 | 1 | 1 | | | |
| 11 | 1 | 1 | 1 | | | |
| 12 | 1 | 1 | 1 | | | |
| 13 | 1 | 1 | 1 | | | |
| 14 | 1 | 1 | 1 | | | |
| 15 | 1 | 1 | 1 | | | |
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| TOTAL IND. | 31 | 1 | 3 | 1 | | |
| TOTAL DEP. | 16 | 1 | 16 | 1 | | |
| TOTAL CLAIMS | 19 | 1 | 19 | 1 | | |

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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS